Nevada 988 Crisis Response Coalition

March 25, 2025

Welcome and Agenda Review

Brent Andriese, 988 Coalition Coordinator

NAMI Nevada

Meeting Agenda and Objectives

Objectives:

- Get input on key elements of the Coalition charter
- Communicate the latest information about 988 and Nevada's crisis response system

Time	Topic
10:00 - 10:10	1. Welcome and Agenda Review
10:10 - 10:40	2. Coalition Charter Input a. Review feedback received on the draft charter b. Determine decision-making protocol c. Discuss use of Coalition subgroups
10:40 - 11:20	3. Crisis Response System Updates a. Share updates on CRS implementation at the State and regional levels
11:20 - 11:30	4. Next Steps

Welcome to All

Before we get started, please enter your name and affiliation in the chat

- Throughout the meeting, please put any questions or comments in the chat
- Use the “Raise your hand” Zoom function if you would like to speak—go to “React” at the bottom of the screen, then click on “Raise hand”
- If needed, you can rename yourself by selecting ‘Participants’ at the bottom of the Zoom window, finding your name, clicking on the three dots button (…), and selecting “rename”. Or you can message Kim Hopkinson directly and she will rename you.
- Make sure to select ‘Everyone’ on your chat messages so all attendees can see your comments

Coalition Charter Input

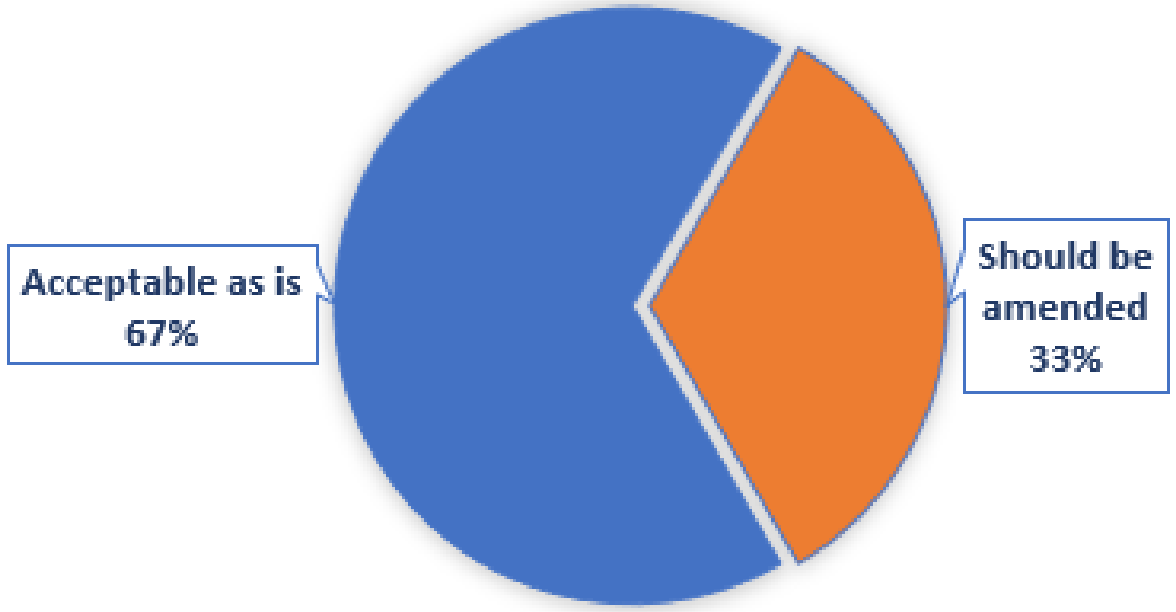
Mike Smith, 988 Coalition Support, NAMI Nevada

Coalition Charter Background

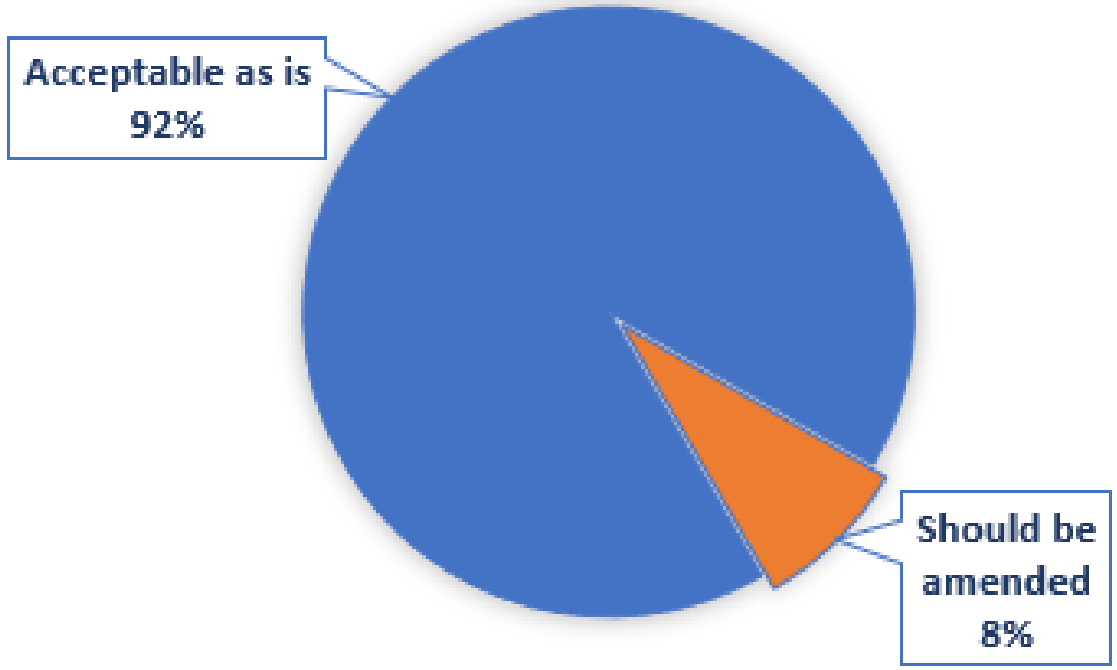
- The charter defines the core purpose, mission, vision, roles, membership, structure, and other guidelines for the coalition
- A charter was drafted based on input at the 2/5/25 coalition kickoff meeting and sent out for review a week later
- Many survey responses + other comments were received and have been incorporated
- Additional input is needed prior to Coalition approval

Survey Results

MISSION, VISION, AND GUIDING PRINCIPLES

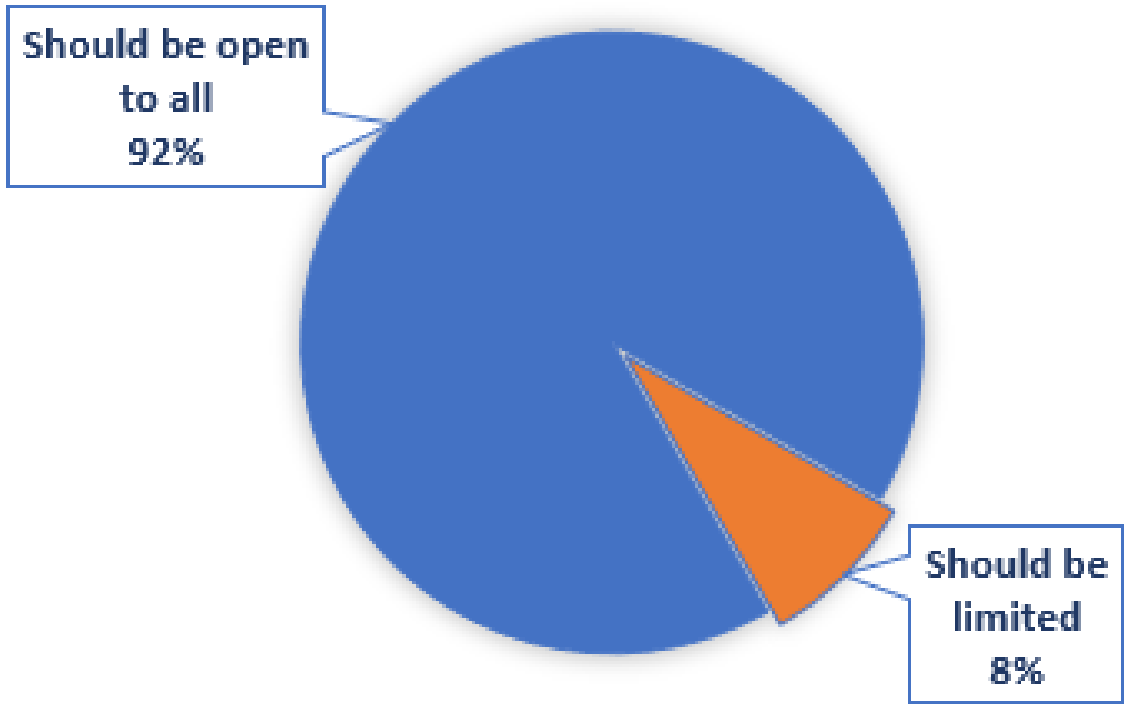


ROLES OF THE COALITION

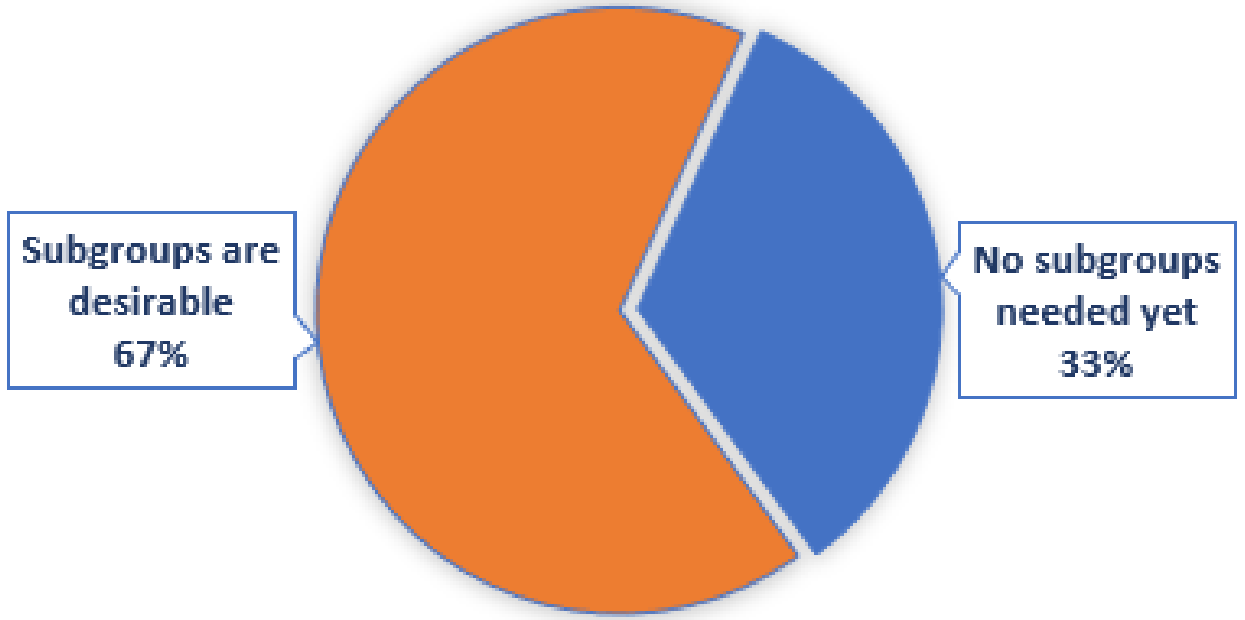


Survey Results

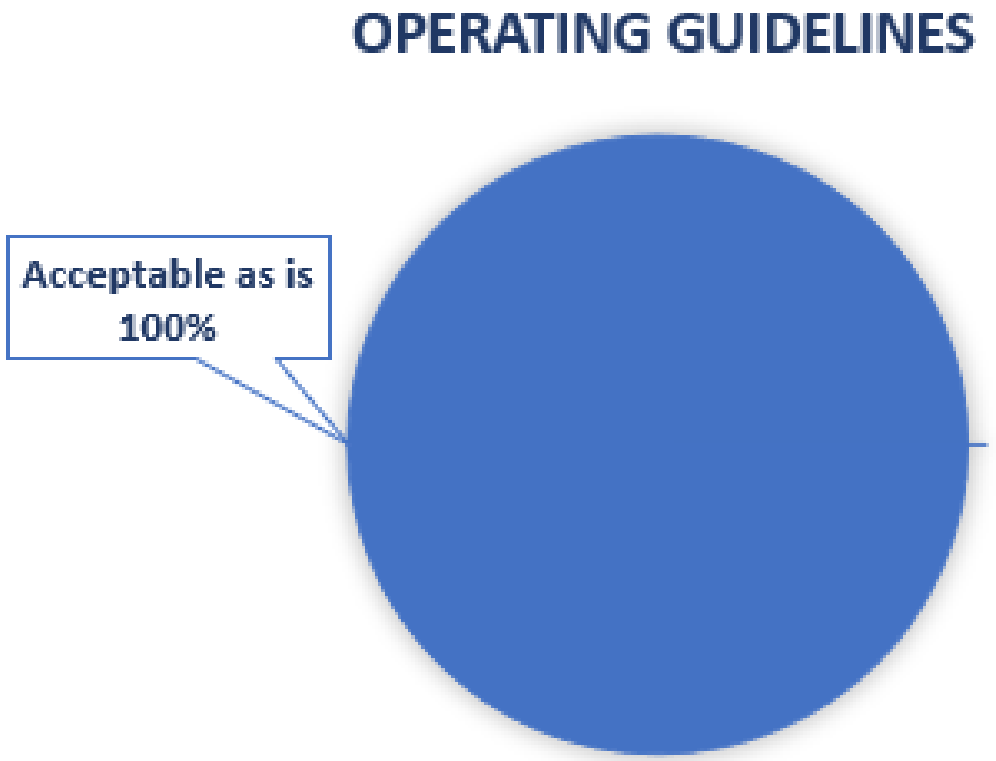
MEMBERSHIP



COALITION STRUCTURE



Survey Results



For today:

- Determine how decisions will be made
- Get input to guide use of subgroups

Decision-Making Protocols

Common decision-making approaches:

- **Majority**: A vote is taken among all members present; the matter must be approved by over 50% of those who cast a vote.
- **Super-majority**: Similar to majority but with a higher approval percentage required, e.g., approval by two-thirds (67%) or more.
- **Consensus**: All members present agree to support the proposed decision. Anyone who cannot live with the decision must offer an amendment or solution. The decision is not counted as being made unless all members present indicate support.

We are going to ask you to choose one of these options via a poll in a minute.

Before we do, does anyone have another decision-making approach we should consider? If yes, please put it in the chat now or unmute and share verbally.

Poll: Coalition Decision-Making

Please use the poll to select which decision-making process the Coalition should use:

- Majority (over 50%)
- Super-majority (at least 67%)
- Consensus (everyone present must agree to live with the decision)
- Other (if suggested)

Use of Subgroups

- Why subgroups are desirable
  - ✓ Small groups get work done more efficiently and effectively than large ones
  - ✓ Subgroups can work between full coalition meetings and report to the full coalition, allowing the coalition to be better informed and drive change
  - ✓ Small groups allow more dialogue between participants, more voices to be heard
  - ✓ Special expertise can be utilized better in small groups
- Initial suggested subgroups
  - ✓ By region
  - ✓ By crisis care component
  - ✓ By age group served

Poll: Subgroups by Region

In the next poll, select which subgroup you would want to participate in, if formed:

- Clark Region
- Northern Region (Carson City, Douglas, Churchill, Lyon)
- Rural Region (Pershing, Humboldt, Elko, Lander, Eureka, White Pine)
- Southern Region (Mineral, Esmeralda, Nye, Lincoln)
- Washoe Region
- Not interested in a regional subgroup

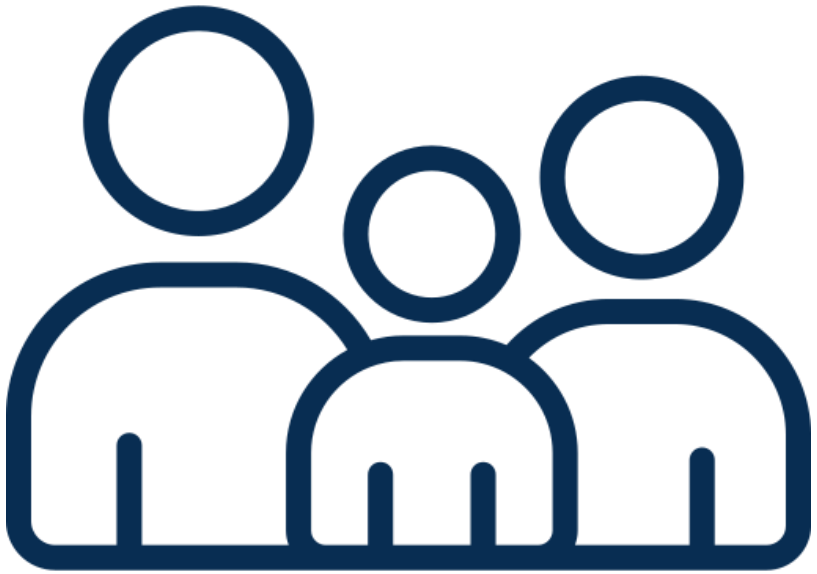
Poll: Subgroups by Crisis Care Component

Select which subgroup by crisis care component you would want to participate in, if formed:

- Someone to contact: 988, Contact Center Hubs
- Someone to respond: Mobile Crisis Response Teams
- A safe place for help: Crisis Stabilization Centers
- Essential principles and practices: Prevention, trauma-informed care, Zero Suicide, statewide systems
- Not interested in a subgroup by crisis care component

NV 988

Poll: Subgroups by Age



Select which age-specific subgroup you would want to participate in, if formed:

- Child system
- Adult system
- Not interested in a subgroup by age

Crisis Response System Updates: State and 988 Hubs

Jesse Stone, Public Information Officer, Nevada Department of Health and Human Services

State of Nevada Updates

- The State of Nevada is currently developing an outreach plan to ensure Carelon Behavioral Health is connected to stakeholders across Nevada.
- The state is in the early stages of developing this plan, but it is expected to run from April to late June.
  - The new call center in Las Vegas is currently projected to open by the end of Summer this year.
- The Coalition is a key component of the outreach plan, so please stay involved with NAMI and the Coalition to receive updates on how to best be involved with 988 in Nevada.

Regional Updates

Nevada Behavioral Health Regions

Washoe Region

Rural Region

Northern Region

Southern Region

Clark Region

Crisis Response System Updates: Washoe Region

Dorothy Edwards, Regional Behavioral Health Coordinator, Washoe Region

Bojana Vujeva, Management Analyst, Washoe County Manager's Office

Washoe Recent Milestones and Changes

Regional Crisis Response System

Washoe County has been facilitating local coalition efforts for several years to stand up a behavioral health Crisis Response System (CRS) in collaboration with the State based on SAMHSA best practices. Such a system includes:

- Somewhere to call (a 988 suicide and crisis lifeline)
- Someone to come to you (mobile crisis teams), and
- Somewhere safe to be (crisis stabilization units and/or in-home wrap around services).

Innovative Partnerships

Washoe County established the Regional Behavioral Health Initiatives Fund at the Community Foundation of Northern Nevada to support collaborative efforts to improve behavioral health throughout the region. The fund's first award supports a full-time position with an associated budget to provide project management, data collection, reporting and other support for the CRS initiative with any additional capacity for behavioral health initiatives of regional significance. CRS stakeholders contributed to the fund to enable the first award.

Successes

Over the past several years, the Washoe region has made significant progress including completing a Washoe Implementation Plan; collecting initial data; developing a training plan and implementing training for crisis response providers; developing needed MOUs; and piloting a frequent utilizer strategy. In addition, we have supported two coalitions, one of which is working on the unique crisis support needs of children and their families.

Recent milestones for the CRS include:

- Our two crisis response coalitions have recently completed two-year plans to guide the next phase of our collective work.
- The ribbon cutting for Renown Health's Crisis Care Center occurred February 19, 2025. This facility is able to accept most adults experiencing a behavioral health crisis, diverting individuals from the jail and emergency rooms to improve care while also reducing costs.
- The State has transferred funding/operations of Children's Mobile Crisis Response Teams from the Nevada Division of Children and Family Services to the Washoe County Human Services Agency. This transfer allowed for expanded crisis response capacity and improved integration with local systems of care for children and families.
- Washoe County has purchased the facility formerly known as West Hills and is working to add expanded services including a crisis stabilization/respite center for children and adolescents.

Washoe Current Activities and Priorities

Regional Coalitions: Children's Crisis Response and Partner Agency Team

- Guided by two Action Plans and system mapping
- Monthly meetings
- Current Task Groups:
  - Call Lines – identify and clarify current call line roles/opportunities
  - Mobile Crisis Response – identify current mobile crisis team roles/opportunities
  - Familiar Voices – staff current cases and work toward a more robust approach
- Goals and Strategies
  - Define entities and processes to effectively support people in a behavioral health crisis.
  - Identify and implement pathways for warm handoffs between system components.
  - Implement crisis response system components to ensure people in a behavioral health crisis receive appropriate crisis response services.
  - Implement consistent practices to drive continuous quality improvement of the region's crisis response system.
  - Monitor, collaborate with, and participate in statewide CRS system development efforts
  - Collaborate with Regional Behavioral Health Coordinator and Board

Washoe Planned Future Efforts

Regional Crisis Response System

The coalitions will continue to follow our two-year action plans and work on improvements to our collective response to an individual or families experiencing a behavioral health crisis.

- Success is defined as all elements of the system (call center, mobile crisis teams, crisis care center, in-home wraparound services) implemented and working together to provide timely, easily accessible support for individuals and families experiencing a behavioral health crisis, as well as connections to ongoing care as needed. Fewer individuals with behavioral health challenges will present to EMS, law enforcement, hospital emergency rooms, and jail, improving care for individuals and reducing unnecessary costs for the region's partners.

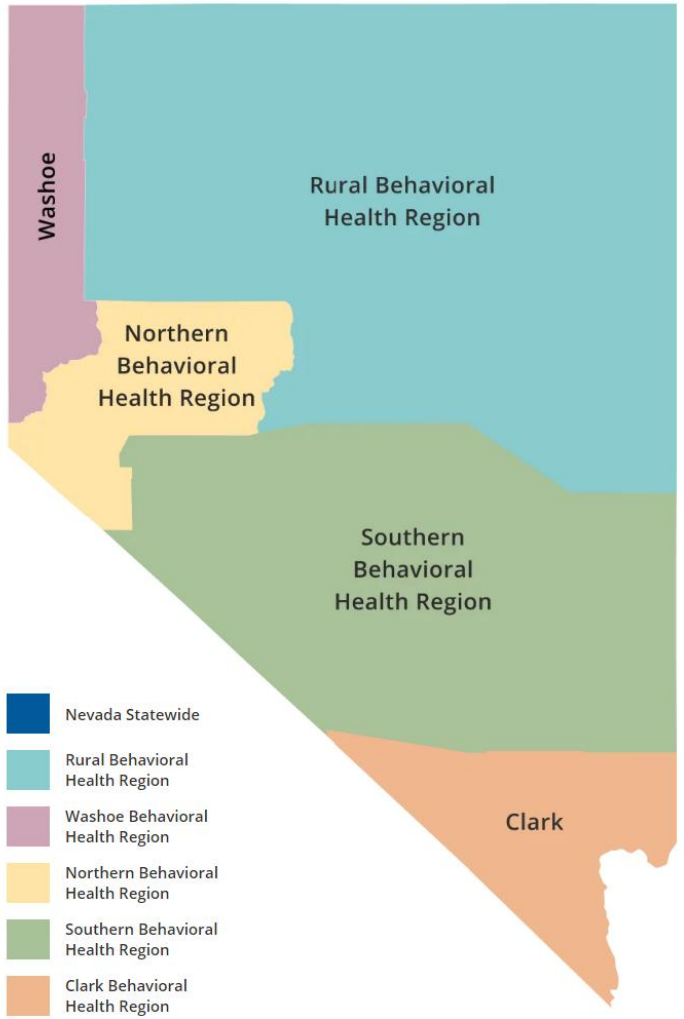
Ask: Please utilize the existing coalition infrastructure, existing collaborative relationships, and existing staffing to advance statewide CRS efforts in the Washoe region. We want to partner!

Crisis Response System Updates: Rural Region

Valerie Haskin, MA, MPH, Regional Behavioral Health Coordinator, Rural Region

Rural Region Context and Assets

- 6 counties: Elko, Eureka, Humboldt, Lander, Pershing, and White Pine
- Total population = approx. 100,000
- 4 Critical Access Hospitals
- 1 Private Hospital (opening inpatient clinic)
- 1 CCBHC (Vitality Unlimited in Elko)
- DPBH Rural Clinics in Elko, Winnemucca, Battle Mountain, Lovelock, and Ely.
- Some BH services provided through mining company clinics
- A handful of nonprofit treatment agencies



Rural Region Context and Assets

- Law enforcement (LE) supportive of CIT training and other crisis services
- Crisis Programs: In-Person/hybrid response
  - Vitality Unlimited Area (catchment area: City of Elko, but may be adjusted)
  - Virtual Crisis Care (VCC) program with LE across most agencies
  - DPBH Pilot of Children's Rural Mobile Crisis Team Response (in Elko)
- Crisis Programs: Virtual response only
  - DPBH Adult Mental Health CARE Team
- Desire among stakeholders of all types to explore additional options (MOST, FASTT, CRT w/EMS or fire, etc.)

Rural Region Recent Milestones and Changes

- Work towards improving community attitudes and beliefs/deducing stigma
  - Humboldt Connections
    - “Paint Winnemucca Green” in May
    - Engaged with Winnemucca Pride to support LGTBQ Community
  - Zero Suicides Elko County
    - Advocated for “Hope Squads” in two major high schools and one middle school
    - Promotes NAMI Northeastern and their activities
    - Provides support for survivors of suicide
    - Improved data collection and publication from NNRH, Elko PD, and Elko County SO
    - Continuous advocacy for improved care coordination

Rural Region Recent Milestones and Changes

- Work to promote use of 988
  - Rural RBHC: understood to allow 988 to “soft launch” and monitor for quality issues
  - Humboldt Connections: promotes 988 year-round, but more heavily during May
  - Zero Suicides Elko County: promotes 988 year-round
- 2023 Passage of AB 37: Creation of BeHERE Nevada
- Two CIT trainings implemented in the region in last two years
- Have a few notable champions for behavioral health among elected and appointed public officials

Rural Region Current Activities and Priorities

- Building infrastructure and readiness to move on opportunities to expand crisis response services across stakeholder types.
  - Focus on innovation and best use of existing workforce
  - Multi-jurisdictional partnerships
- Continuously building communication channels and partnerships between state and local entities
- **SB 68**: Bill sponsored by the Rural Regional Behavioral Health Policy Board that would enter Nevada into the “Social Work Compact”, the interstate licensure compact for LSWs, LMSWs, and LCSWs.

Rural Region Current Activities and Priorities

Rural Regional Behavioral Health Policy Board Priorities (2025)

- Increased access to care – physical, technological, and financial
- Insurance – resolve limitations and issues with private payors
- Workforce Development
- Improved quality of care and coordination
- Support local efforts

Rural Region Planned Future Efforts

- Continued support and advocacy for local needs
- Continued collaboration and engagement with both state and local entities (BSCA, funding, etc.)
- Continued efforts to build agreements and “infrastructure” to enable communities to implement innovative approaches
- Continue engagement with Nevada Medicaid to identify best/meaningful use of funds for crisis services and other services
- Open to new projects and innovative approaches to resolving persistent issues

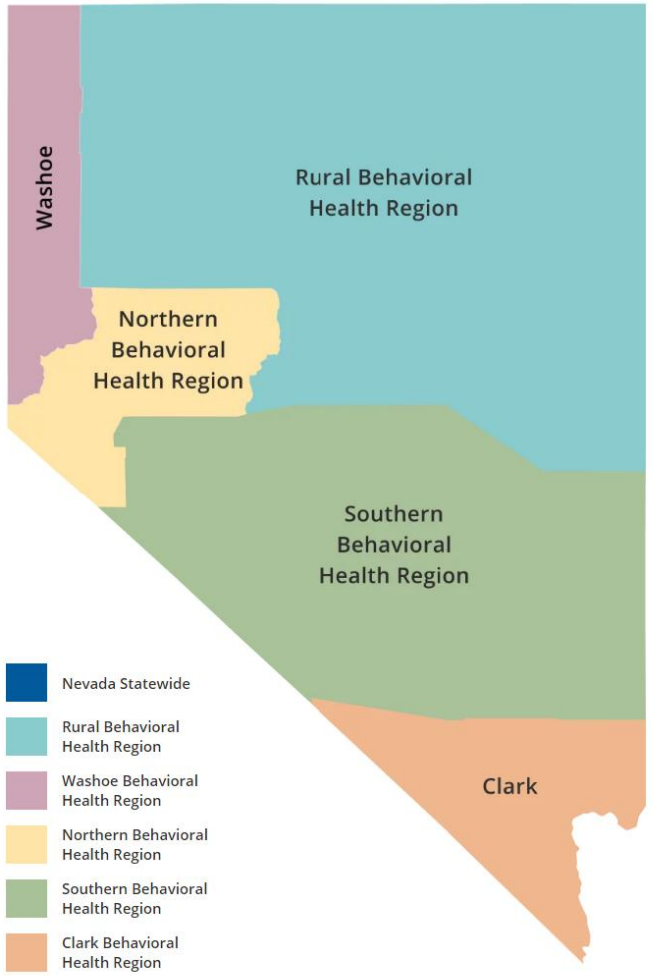
Rural Region Contact

Valerie Haskin, MA, MPH

Rural Regional Behavioral Health Coordinator (RBHC)

vcauhape@thefamilysupportcenter.org

(775) 300-3245



Crisis Response System Updates: Northern Region

Cherylyn Rahr-Wood, Regional Behavioral Health Coordinator, Northern Region

Crisis Response System Updates: Southern Region

Mark Funkhouser, Regional Behavioral Health Coordinator, Southern Region

Southern Region Milestones and Changes

- Developed and distributed regional resource guides
- County Community Needs Assessments and Opioid Plans
- Avel BH Crisis Response Support (Tablet Program) Law Enforcement
- Support of Mineral County BH Task Group, Coalitions, and Tribes
- Regional support of CHWs and peer networking
- Naloxone training support and harm reduction-opioid kit distribution
- Support of the Youth Experiencing Homelessness Study (2023-2025)
- Community Inclusion Peer Support Project - National-Statewide

Southern Region Current Activities and Priorities

- Support BH Health Clinical Services and MH Committees.
- Enhance Deflection & Diversion - Limited with Growth Challenges.
- Increase Suicide and Crisis Training and Support.
- Address long waits for evaluations and long distances to intensive services through identifying BH transportation alternatives (AB31).
- Support community health workers with substantial clinical support and develop under-utilization of peer support.
- Review and support projects to assess, develop, integrate emergency planning, public, and behavioral health.

Southern Region Planned Future Efforts

- Expanding telehealth and connecting with enhanced in-person care.
- Need for increased education and training around stigma, harm reduction, suicide, and crisis intervention (CIT).
- Enhance data assessment, collection, and reporting: issues, availability, barriers, and complexity.
- Support and expand harm reduction with opioid overdose prevention programs, Narcan training, and other strategies.
- Invest in recruitment, training, and retention programs for clinical and non-clinical professionals.

Crisis Response System Updates: Clark Region

Bud Schawl - Executive Director, Continuum of Care at University Medical Center of Southern Nevada

George Gatski - Associate Administrator, Crisis Stabilization Center at University Medical Center of Southern Nevada

Recent Milestones and Changes

- George Gatski will be the Administrator for the UMC Crisis Stabilization Center
- Construction Renovations started Feb 25
  - Steel arrived in Las Vegas on March 7
- Expect completion in late May
- State Application for endorsement submitted
- State survey pending construction completion
- Opening Date is set for June 23, 2025

Current Activities and Priorities

- Accepting all adult patients
- Outpatient care only. Less than 24-hour stays
- Patients will be accepted regardless of their ability to pay
- Goal is to connect with Community resources and validate the connection
- Nevada Behavioral Health won the RFP to provide Behavioral/Mental Health services at the UMC Crisis Stabilization Center.
- UMC Medical/RN Staff, under ED Med Director, will provide medical screening and clearance of presenting individuals
- Targeting 5-minute drop-off time for Law Enforcement and EMS crews.

Planned Future Efforts

- Developing protocols in accordance with the Health District to help coordinate patient flow into the CSC.
- Community meetings are currently being held and will be ongoing to ensure strong collaboration with clear expectations and process
- Collaborating with Clark County to consider opening a second CSC in 12-18 months, potentially in the NW Metro area.

Crisis Response Regional Updates: Clark Region

Lisa Kelso, MS, MFT, LADC

Mobile Crisis Intervention Team Clinical Supervisor

Henderson, Nevada

Crisis Response System Updates: Town Hall Support

Robyn Rohde, 988 Training – NAMI Nevada

988 Town Halls

Robyn R. Rohde

- 988 Town Hall Point of Contact
- Community Organizer
- Mental Health Counselor Intern
- Educator, Curriculum Designer, & Facilitator
- Qualitative Data Experience

Next Steps

Brent Andriese, 988 Coalition Coordinator

NAMI Nevada

Next Steps

- A meeting summary of all topics covered today, plus a Regional Update report with more complete information from each region, will be sent soon
- Ongoing meetings are planned to coordinate efforts between the State, Carelon, CSSNV, and the Coalition
- The Coalition charter will be revised based on today's meeting and distributed to all members for review prior to adoption at the next meeting
- Future Coalition meetings will be aligned with 988/CRS milestones and include more interactive elements

Conclusion

Please complete the short survey that will pop up in Zoom after the meeting. Your feedback is critical to help us continually improve support for the Coalition.

Future questions and feedback: contact Brent Andriese via email at 988nami@naminevada.org